FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1		ORGANIZATION				
•	OTTIVI I	(See	instructions)			Office use only
	NAME OF COMMITTEE (in f	(Check if is change		xample: If typying, type ver the lines	12FE4M5	
ليا	ЕХХОЙ МОВІЦ	. CORPORATION POLITION	CAL ACTION	COMMITTEE (EXXON	MOBIL PAC)	1111111
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_	(Check if address is changed)		1 1 1 1 1	<u> </u>		<u> </u>
X		Indianapolis			LIN L	46220 -
			CITY	•	STATE	ZIP CODE 📥
СОМ	MITTEE'S E-MAI	L ADDRESS (Please provide or	nly one e-mail ad	ldress)		
	(Check if address is changed)	outsourcing(estakeholder	r.com		
COM	MITTEE'S MED I	DACE ADDRESS (LIDL)				
COIVI		PAGE ADDRESS (URL)				
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2.	DATE 0 1	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Y			
3. F	FEC IDENTIFICA	TION NUMBER	Cc	00121368		
4. I	IS THIS STATEM	ENT NEW (N)	OR	X AMENDED (A)		
Logrtif	fy that I have evamin	ned this Statement and to the best	of my knowledge	and halief it is true correct as	nd complete	
i certii	iy illat i llave exalliii	ied this Statement and to the best	of my knowledge	and belief it is true, correct at	id complete	
Type	or Print Name of	Treasurer Mr. Allan	R Sutherlin			
Signa	ature of Treasurer	Electronically Filed by Mi	. Allan R Sut	herlin	Date 03	/ 19 / Y Y Y 9 9
NOTE	E: Submission of fal	se, erroneous, or incomplete infor			·	-
	1	ANY CHANGE IN IN	NEORIMATION S	SHOULD BE REPORTED	WITHIN 10 DAYS	
	Office Use Only			For further information Federal Election Commis Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)